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				_					
Fill	in this information to identify your	case:							
De	btor 1 Beatrice Qu	uinn							
1 -	btor 2 puse, if filing)								
Un	ited States Bankruptcy Court for th	e: NORTHERN DISTRIC	CT OF ILLINOIS						
Ca	se number 14-42701			Che	Check if this is:				
(If k	nown)		-		An amende	ed filing			
						ent showing postpetition cha as of the following date:	pter		
0	fficial Form 106l			Ī	MM / DD/ Y	/YYY			
S	chedule I: Your Ind	ome					12/15		
	rt 1: Describe Employment Fill in your employment	. ,	ional pages, write your name and	u case I	`	, , , , ,	,3001		
	information.		Debtor 1			2 or non-filing spouse			
	If you have more than one job, attach a separate page with	Employment status	■ Employed		☐ Employed				
	information about additional employers.		☐ Not employed		⊔ Not e	mployed			
		Occupation	Insurance Sales						
	Include part-time, seasonal, or self-employed work.	Employer's name	The Western & Southern L Ins Co	ife					
	Occupation may include student or homemaker, if it applies.	Employer's address	400 Broadway Cincinnati, OH 45202						
		How long employed t	here? 1 yr						
Pa	rt 2: Give Details About Mo	onthly Income					-		
Est			you have nothing to report for any	line, wri	te \$0 in the	e space. Include your non-fili	ng		
	ou or your non-filing spouse have n e space, attach a separate sheet t		ombine the information for all emp	loyers fo	or that pers	on on the lines below. If you	need		
				For De	ebtor 1	For Debtor 2 or non-filing spouse			
	List monthly gross wages cal	ary and commissions th	oforo all payroll						

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 2,597.31 \$ N/A
3. +\$ 0.00 +\$ N/A
4. \$ 2,597.31 \$ N/A

Official Form 106I Schedule I: Your Income page 1

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Debt	or 1	Beatrice Quinn		Ca	ase number (if known)	14-427	01		
					For Dobtor 1	For De	bton	2	
				-	For Debtor 1	non-fil			
	Con	y line 4 here	4.	\$	2,597.31	\$	ilig s	N/A	_
	ООР	y line 4 nere	٦.	Ψ	2,397.31	Ψ		13/7	<u> </u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	534.30	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.			\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$		\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.			\$		N/A	_
	5e.	Insurance	5e.			\$		N/A	_
	5f.	Domestic support obligations	5f.	\$		\$		N/A	_
	5g.	Union dues	5g.	\$		\$		N/A	_
	5h.	Other deductions. Specify: Support fee	5h			+ \$		N/A	_
6.	۸۸۸	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	\$		\$		N/A	_
						· 			_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,807.90	\$		N/A	<u>.</u>
8.		all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm							
		Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	850.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	<u>. </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent							
		regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.			\$		N/A	
	8e.	Social Security	8e.	\$		\$		N/A	_
	8f.	Other government assistance that you regularly receive				· —			_
		Include cash assistance and the value (if known) of any non-cash assistance	Э						
		that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies.	8f.	¢		¢		NI/A	
	90	Specify: Pension or retirement income	_	\$		\$		N/A N/A	_
	8g. 8h.	Other monthly income. Specify: Residential Rental - Dante	8g. 8h			+ \$		N/A	
	OII.	Nesidential Rental - Dante	_ 011.	' Ψ	1,100.00	',		IN/A	<u></u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,950.00	\$		N/	Α
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$	3	3,757.90 + \$		N/A	= \$	3,757.90
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_			-		0,101.00
4.4		e all other regular contributions to the expenses that you list in <i>Schedule</i>	. , └						ļ
11.		de contributions from an unmarried partner, members of your household, your		nde	nts your roommate	es and			
	other friends or relatives.								
		not include any amounts already included in lines 2-10 or amounts that are not	availa	ble	to pay expenses lis	ted in Sci	hedule	∋ J .	
	Spe	cify:					11.	+\$	0.00
40	A -1 -	the amount in the last solumn of line 40 to the amount in the 44. The	14 . ! -	- ماد	and the section of the section of the		Γ		
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it								
	applies							\$	3,757.90
	- 1-10-1						Ĺ	Comb.	nod
								Combi	nea ly income
13.	Do۱	ou expect an increase or decrease within the year after you file this form	?					•	.,
		No.							
	П	Yes Explain:							

Official Form 106I Schedule I: Your Income page 2